

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

01 - 003

2. STATE:

ALABAMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

Title XIX of the Social Security Act

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☒ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 C.F.R. 430 Subpart B

7. FEDERAL BUDGET IMPACT:

a. FFY 01 \$ 100,000.00

b. FFY 02 \$ 100,000.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D pg 10

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same

10. SUBJECT OF AMENDMENT: This amendment is intended to allow contracts with out of state nursing facilities to provide necessary services that are not available in state.

VERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Governor's designee on file
via letter with HCFA

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Lewis

14. TITLE:

Commissioner

15. DATE SUBMITTED:

March 20, 2001

16. RETURN TO:

Mike Lewis
Commissioner
Alabama Medicaid Agency
501 Dexter Avenue
Post Office Box 5624
Montgomery, Alabama 36103-5624

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

March 23, 2001

18. DATE APPROVED:

March 28, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Eugene A. Graesser

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

D. Providers who participate in the program shall accept as payment in full, those amounts paid to them in accordance with the State Plan.

VI. Compliance with Provisions, Methods and Standards

In order to assure compliance with its regulations, the Alabama Medicaid Agency has established certain penalties which may be assessed at its discretion, the details of which are fully set out in the Agency Administrative Code.

VII. Miscellaneous

A. The Alabama Medicaid Agency will utilize appropriate methods of notifying the public concerning proposed, substantial changes in methods and/or standards, and prior to the implementation of any substantial change in methods and/or standards, the public will have an opportunity to review and comment on the proposed changes.

B. Detailed information regarding the reimbursement methodology and related matters appears in Chapter 22 of the Alabama Medicaid Agency Administrative Code.

C. The regulations of the Alabama Medicaid Agency are implemented under the provisions of the Administrative Procedures Act. Through this process, the agency must publish its intent to make any changes in the reimbursement methodology. Copies of the methodology and data used to establish per diem rates may be obtained by the public upon written request and payment of a reproducing fee.

Effective Date: 4/01/01

D. In order to provide services to Alabama Medicaid recipients who cannot be placed in an Alabama nursing facility, the Agency may contract with out-of-state facilities at the other states' Medicaid reimbursement rate. The Agency will use the out-of-state facility's survey conducted by their survey and certification agency for our survey and certification purposes. Placement of an Alabama Medicaid recipient into an out-of-state facility will only occur if a suitable bed is unavailable in Alabama. No year-end Alabama Medicaid nursing facility cost report will be required from the contracting out-of-state facility nor will there be any requirement for Alabama conducted periodic audits.